

THE LINITED STATES PATENT AND TRADEMARK OFFICE

MADE		
In Re Application No. 09/837,151)) For:	INFRASTRUCTURE FOR
BENDER ET AL.)	WIRELESS DATA COMMUNICATIONS
Examiner: JOSHUA A. KADING))) Group No.	2661
Filed: April 18, 2001)	2001
RESPO	ONSE AFTER	FINAL
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Dear Commissioner: In response to the Final Office identified application as indicated below		April 15, 2005, please amend the above-
CERTIFICATE OF MA	AILING/TRANSM	ISSION (37 CFR 1.8(a))
I hereby certify that this correspondence is, on the		
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deposited with the United States Postal Serve with sufficient postage as first class mail, in envelope addressed to Mail Stop Amendment Commissioner for Patents, P.O. Box 14 Alexandria, VA 22313-1450.	an T ent, 150,	ransmitted by facsimile to the Patent and rademark Office.
Depositor's Name: <u>Carola Emelius-Swartz</u> (type or print name)	Date:	(type or print name)
Date: 5/24/05 Signature: 09837151	Signat —	ure:
05/31/2005 RMEBRAHT 00000025 170026 09837151		

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Attorney Docket No.: PA655C1B1

Customer No.: 23696

PTO/SB/21

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Mail Stop Amendment

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AMENDMENT TRANSMITTAL FORM

Customer No.: 23696

Attorney Docket No.: PA655C1B1 In Re Application of: BENDER et al.

U.S. Department of Commerce Patent and Trademark Office PATENT

Serial Number: 09/837,151

Filed: 4/18/2001 Examiner: KADING Group Art Unit: 2661

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	14	20	0	x \$50 =	\$0.00
Independent**	7	6	1	x \$200 =	\$200.00
Multiple Depen	dent Claim(s):	\$360	\$0.00		
		O ₁	ne Month	\$120	\$0.00
EΣ	TENSION FEES	□ Tv	vo Months	\$450	\$0.00
		□ T1	ree Months	\$1020	\$0.00
TERMINAL DISCLAIMER			\$130	\$0.00	
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.			<u> </u>		
**If the number in a . Fee check it is Please char	column a is less than 3, enthe amount of \$ge Deposit Account	nter 0 in column c. is enclosed to No. 17-0026 of QU	JALCOMM Inco	TOTAL FEE and/or extension fees. orporated the amount of \$2	
**If the number in a second of the common overpay in the Common of the c	n the amount of \$ge Deposit Account ssioner is hereby au ment to said Deposit Sissioner is further he 1.25(b), any fee wh 1.18 inclusive, for the corporated artment	is enclosed to No. 17-0026 of QU thorized to charge it Account No. 17-0reby authorized to atsoever which ma	JALCOMM Incorpayment of any a 0026. A duplicat charge to said Dept. become properly	and/or extension fees.	200.00. required, or credit for fee processing. 26, parsuant orthlin 37 CFR 1.16 onal authorization.
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Depositor's Name: Carola Emelius-Swartz

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